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ATTORNEY GENERAL OF NEW JERSEY

001 19 1993

BOARD OF PHARMACY

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STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF PHARMACY

IN THE MATTER OF THE SUSPENSION	:	Administrative Action
OR REVOCATION OF THE LICENSE OF	:	
	:	
DAVID WEISS, R.P.	:	
	:	CONSENT ORDER
TO PRACTICE PHARMACY IN THE	:	
STATE OF NEW JERSEY	:	
	:	
<u>RI 19433</u>	:	

This matter was opened to the New Jersey State Board of Pharmacy by the receipt of information alleging that respondent had been treated for a chemical dependency in 1995 and thereafter suffered a relapse in August of 1997. On January 14, 1998, respondent's license to practice pharmacy was suspended by way of Consent Order. On August 26, 1998, David Weiss appeared before the Board, with counsel, and testified as to his past chemical dependence and his course of rehabilitation.

Respondent successfully completed an in-patient rehabilitation program and continues to participate as an out-patient and has submitted to the Board documentation substantiating that treatment. David Weiss has contracted with S.A.R.P.H., a treatment and

monitoring program for the impaired professional, and continues to abide by the terms of the contract which requires respondent to participate in random urine screening, psychotherapy, and attend support group meetings (Contract attached and made a part of this agreement).

IT IS THEREFORE ON THIS 14 DAY OF October, 1998,

ORDERED THAT:

1. Respondent's license to practice pharmacy in the State of New Jersey is hereby reinstated and placed on a probationary status until October 23, 2000. Respondent shall comply with all terms of the S.A.R.P.H. contract until that date. If the Board receives any reliable information that respondent has violated any of the provisions of the contract, the Board may initiate proceedings on short notice to revoke his probationary status and to actively suspend or revoke his license to practice pharmacy.

2. Contemporaneously with the entry of this Order, respondent shall provide to the Board a copy of the executed release to S.A.R.P.H. allowing for the forwarding of all documentation in the possession of S.A.R.P.H. regarding any violation of the subject contract, and further, respondent shall renew said release as required by law until the completion of the probationary term set forth herein.

STATE BOARD OF PHARMACY

By: Pamela Allen, RPh  
Michele P. Gerbino, President Treasurer

I have read the within Order  
and understand it. I agree  
to be bound by its terms and  
hereby consent to it being  
entered by the New Jersey  
Board of Pharmacy.

David Weiss  
David Weiss, R.P.

I agree on behalf of S.A.R.P.H. and pursuant to the release  
provided above, to forward to the Board of Pharmacy all  
documentation of any violation of the S.A.R.P.H. contract attached.

Ralph W. Rossi RPD  
S.A.R.P.H. Representative

## S.A.R.P.H MONITORING CONTRACT

I) This monitoring contract is made and entered into, on October 22, 1997, between myself, David Weiss, R. Ph.; Dr. Michael Stark, my physician; Mr. Greg Donnell, my therapist; Pat Leahey, LCSW, an individual counselor, and Robert W. Rossi, R.Ph., President of S.A.R.P.H. and Mark Browning, representing S.A.R.P.H. as my monitor and district intervenor.

II) This is a document which specifies the terms of my monitoring which I, David Weiss, R. Ph., agree to and understand to follow as part of my rehabilitation program. This contract is effective October 22, 1997 and will expire at 12:00 AM October 23, 2000.

III) This contract is written to prevent any misunderstanding on my part concerning the terms and times specified under said contract and what is expected of me.

IV) If I, David Weiss, R. Ph., fail to abide by the terms and conditions of this monitoring contract, I understand that I will be in violation of my contract whereupon Robert Rossi, R.Ph. representing S.A.R.P.H. and /or his designee and all other signatories named in this contract will contact the complaint officer for the New Jersey State Board of Pharmacy requesting a full investigation of my professional practice and make such recommendation including suspension of my pharmacist license or further disciplinary action until such investigation is complete.

V) I, David Weiss, R. Ph., agree to give three (3) weeks notice of my resignation to my present employer if I should decide to seek employment elsewhere. If, for any reason, I seek a position as a registered pharmacist, a pharmacy technician or in any capacity that I may have exposure to controlled substances or alcohol this contract shall be made known with such employer until the stated expiration date of this contract. If I am employed under such conditions as described above, I agree to give three (3) weeks notice to such employer if I should decide to seek employment elsewhere.

### I, HALL:

1. Follow and make such appointments as deemed necessary by an addictions counselor and S.A.R.P.H. and to maintain those appointment and therapy sessions. This MUST include at least a six (6) month period of group or individual therapy (preferably group). This therapy is to start immediately upon its being deemed necessary.
2. Agree to submit urine and blood serum samples for drug toxicology screens on a random basis as requested by S.A.R.P.H. (see attached protocol). A copy of the results of these screenings are to be forwarded to S.A.R.P.H. DIRECTLY FROM the designated laboratory for review. This protocol may be altered for the duration of my stay at a supervised interim facility such as a halfway house. Also, any other bodily sample may be tested for the presence of alcohol and/or abusable medications and chemicals according to FDA accepted means. (E.g. saliva, hair samples). The ingestion of poppy

seeds or alcohol based mouthwash will not be an acceptable reason for the production of a positive toxicological screen.

3. Consent to all signatories named in this contract as well as their designees and all persons S.A.R.P.H. deems necessary as well as the New Jersey State Board of Pharmacy (if requested and/or applicable) to receive copies of the laboratory results and to discuss with each other any issue herewritten.

4. Agree to completely abstain from any and all mood-altering drugs, including alcohol and "over-the-counter medications" except on a written prescription from my physician. A copy of said prescription shall be forwarded to the S.A.R.P.H. monitor.

5. Agree to attend at least one Alcoholic Anonymous or Narcotic Anonymous meeting a day for the first ninety days (90) after signing this contract ("90 in 90"). I also agree to attend at least three Alcoholic Anonymous/Narcotic Anonymous meetings per week after the completion of the "90 in 90" for the remainder of the contract. The attendance at these meetings will be verified by signatures on the SUPPORT GROUP ATTENDANCE SHEET provided.

6. Agree to have Tony C. as my temporary sponsor for a period of ninety days. If, for any reason, I should decide to acquire a new sponsor, I shall inform S.A.R.P.H. of the new sponsor's name and phone number. I also hereby give my consent to those named herein to contact my sponsor if, for any reason, they feel that I am not in compliance with this agreement.

8. Encourage my significant others to attend Al-Anon and/or other support groups which he/she chooses.

9. Agree to send monthly progress reports to my district monitor for S.A.R.P.H. by the tenth day of each month. If this report will be late, the S.A.R.P.H. monitor must be notified by telephone by the tenth of that month with regard to the reason for the lateness of that month's report.

10. Agree to call my monitor at least once a month and to keep him abreast of my progress and to inform him of any new situations that arise that may be pertinent to any of the stipulations of this agreement. (Mark Browning, 609-858-7174)

11. Agree upon employment as a registered pharmacist to carry out my professional responsibilities according to the current Pharmacy Act of the State of New Jersey.

12. Agree to assume any and all financial responsibilities incurred in the execution of any of the stipulations of this agreement, including, but not limited to urine/serum monitoring and submission of reports thereof to S.A.R.P.H. and the district intervenor after the initial protocol arrangement. It is the CLIENT'S RESPONSIBILITY to contact S.A.R.P.H. if anything is unclear or if there is a discrepancy in any of the above arrangements.

13. Agree to notify S.A.R.P.H. IN WRITING of any change in address, telephone number, laboratory, etc., within 14 days of any change(s).

14. Agree to meet in person with a representative of S.A.R.P.H. and/or such persons as S.A.R.P.H. shall designate every three (3) months if deemed necessary.

15. Agree that at no time during the term of this agreement may I voluntarily withdraw from this agreement without the implementation of paragraph IV of this contract or without the SPECIFIC WRITTEN authorization from S.A.R.P.H.

16. Agree that my signature on this agreement signifies that I have read all the stipulations of the agreement and I am fully cognizant of all the responsibilities associated with it.

17. Agree to disclose the names of ALL states where I possess a pharmacist license, including those states where I have begun obtaining a license, via reciprocity or original licensure. PLEASE LIST: NJ RI 19433

This information is release subject to the "CONFIDENTIAL" Provision Section 408 of Public Law 92-282/Sec. 333 of Public Law 92-255

PROHIBITION OF REDISCLOSURE: This information is being DISCLOSED to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains.

Dave Wein RPh.  
SIGNATURE

David Weiss, R. Ph.  
~~209 Central Avenue~~ 584 Davina ct  
~~Point Pleasant Beach, NJ 08742~~ Lakewood, NJ 08701

~~(732) 899-7582~~ (732) 899-1582  
TELEPHONE NUMBER 732-363-2011

NJ RI 19433  
PHARMACIST LICENSE NUMBER

05-23-64 / 146-54-1245  
BIRTH DATE / SOCIAL SECURITY NUMBER

Paulette Gerich 11/6/97  
WITNESS/DATE  
PAULETTE GERICH  
NOTARY PUBLIC OF NEW J  
My Commission Expires June  
IN WITNESS WHEREOF, I here unto  
set my hand and official seal.

notarized acknowledgment  
(Above)